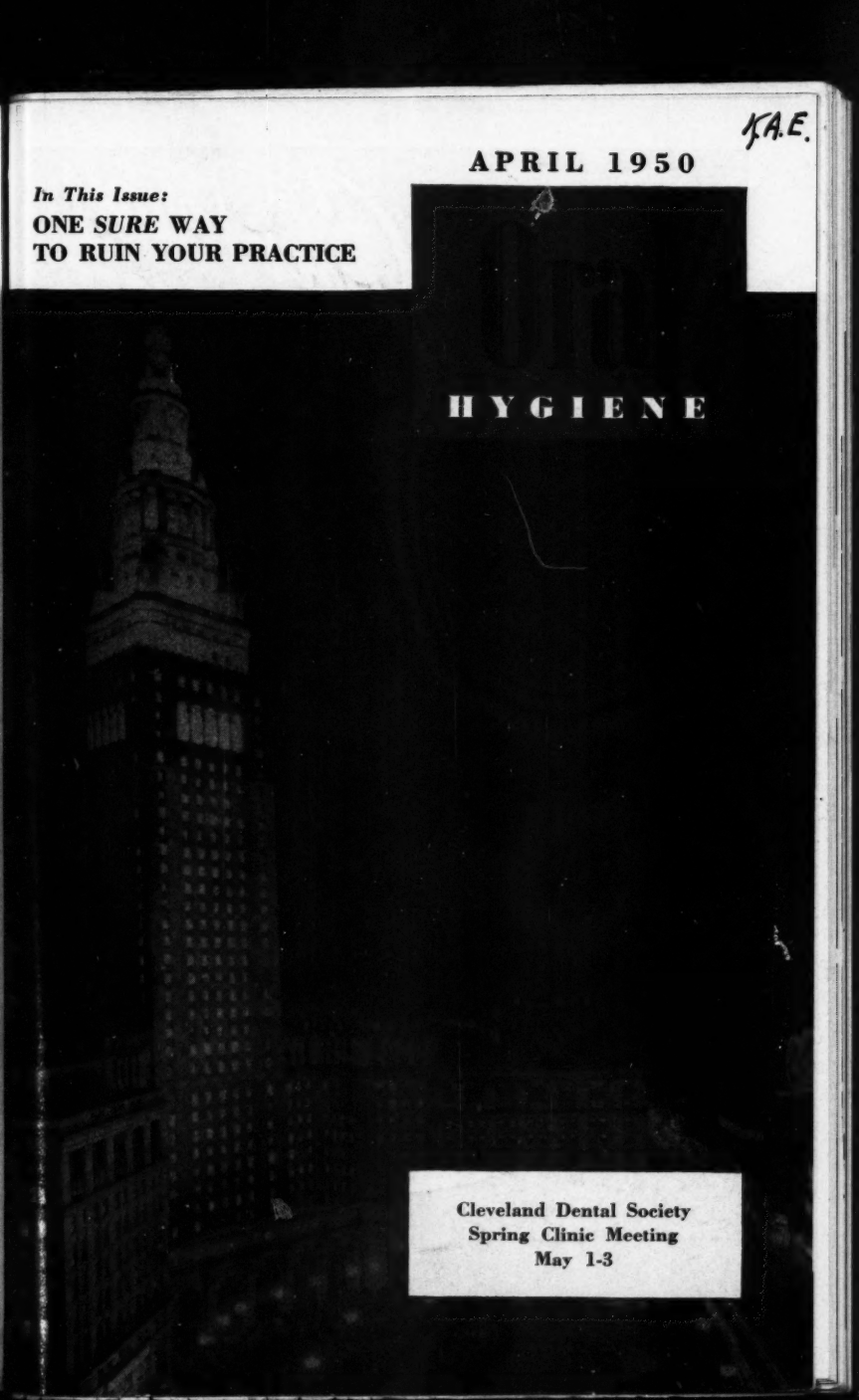
K.A.E.

APRIL 1950

In This Issue:

ONE *SURE* WAY TO RUIN YOUR PRACTICE

HYGIENE



Cleveland Dental Society
Spring Clinic Meeting
May 1-3

The Publisher's CORNER

By Mass

No. 345

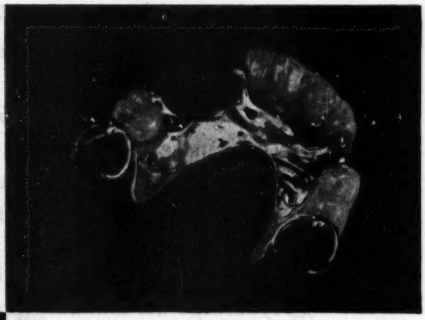
Poets' Corner No. 3

THAT POEM in the January CORNER (the author of which turned out to be Doctor Earl Ammons, as acknowledged here last month) stirred up other poets in the profession. Last month, Doctor Dayton Dunbar Campbell sang his "Song of the Commonplace" here in these pages . . . "Of burs, and of knives, and of chisels all sharp, that hymn a sweet tune like Terpsichore's harp."

Now, from Scranton, Pennsylvania, comes Doctor I. J. Donnelly with a poem he wrote after reading the January CORNER. Don calls it "Decrepit Mortals." Here's ORAL HYGIENE's mike—take it away, Don. Let's hear about the "Decrepit Mortals":

In life, there are real pearls that shine,
Sculptured by the Hand of God,
With which we mortals daily dine,

personal attention



NOT rubber-stamp standardization

When you use the services of your Durallium laboratory, you can be sure each case will receive the personal attention of an experienced and skilled technician. However large your Durallium laboratory may be, it uses no over-standardized methods; each case gets the individualized attention which means truly fine craftsmanship.

Your Durallium laboratory specializes neither in the break-neck speed which means short-cuts instead of skillful handling, nor in depressed prices which mean reduced values. First and foremost, your Durallium laboratory offers you the superior workmanship which is worthy of your professional skill.

available through your qualified Durallium laboratory
consult your classified telephone directory

DURALLIUM ***products corp.*** ESTABLISHED 1936

809 WEST WASHINGTON BOULEVARD • CHICAGO 7, ILLINOIS

And quite frequently we laud.

Yet how careless mortals are
Throwing gifts like this away,
Leaving nothing but a scar
Where life's beauty used to play.

Little teeth, as fairies bright,
Treasures all mankind possessed,
Danced before you day and night
Till their beauty you caressed.

Now we find so many missing,
And some odor lodging there
That destroys the charm of kissing
'Midst the fairest of the fair.

And the Pony Express from California brings some rhymed remarks from this magazine's old friend Doctor Arthur T. White of Pasadena. Last month, Arthur started his sixtieth year in dental practice. Arthur's contribution is entitled "Pass It Along," and here it is:

Do you ever have a notion
When you're lonesome like, and blue,
That the other fellow probably
Is lonesomer than you?

Just consider it a minute,
Let a smile dispel the gloom,
Get the idea from your cranium
You are headed for the tomb.

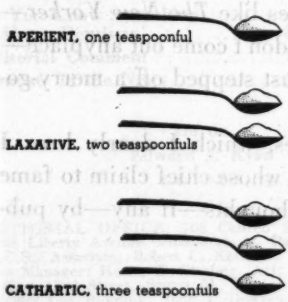
Count the blessings you're enjoying
Daily more than is your due,

Convenient

for you...

for your patient

the saline laxative–



APERIENT, one teaspoonful

LAXATIVE, two teaspoonfuls

CATHARTIC, three teaspoonfuls

Whether your patient needs a laxative, or an aperient, or a cathartic you'll find it more convenient to write Sal Hepatica on your prescription pad. No need to specify all the ingredients of three separate formulas, just prescribe Sal Hepatica and indicate the dosage.

Your patients will find Sal Hepatica convenient, too. No cluttering of shelves with bottles of different laxatives when one will serve. They'll like its pleasant taste, its effervescence—and, of course, its prompt, gentle action.

a product of **BRISTOL-MYERS**

19 West 50 Street, New York 20, N. Y.

While there's hundreds all around you
Far less fortunate than you.

Pass along the glad reflection,
Give a glad hand on your way,
And before you scarcely know it
You'll observe a brighter day.

* * *

It is always necessary for the CORNER to import the poetry it prints. This department knows nothing of iambic tetrameter, or any of the other tricks poets need to know. There was some attempt at it in high school days when a few mushy jobs about love were turned out, but there's been little or nothing since then—certainly nothing that ever reached a typesetting machine. When one makes a living by writing it seems odd not to be able to do a spot of at least so-so poetry now and then. Especially when you love to read lots of the other fellows'.

Apparently, you've either got a singing soul or you haven't. If you haven't, you (meaning me) are likely better off not trying to do anything about it.

Sometimes I think this would be good advice for poets who do get their stuff printed, in magazines like *The New Yorker*—poems that go 'round and 'round and don't come out anyplace—poems that make you feel like you just stepped off a merry-go-round, stepped off backwards.

I don't mean Ogden Nash's verses, which I dearly love. I mean the boy poets and the girl poets whose chief claim to fame is that they succeed in hiding their thoughts—if any—by publicly rhyming them.

VOL. 40, NO. 4

Oral HYGIENE

APRIL 1950

REGISTERED IN U.S. PATENT OFFICE

Circulation more than 70,000 copies monthly

DEPARTMENTS

EDITOR
Edward J. Ryan
B.S., D.D.S.

ASSOCIATE EDITOR
Marcella Hurley
B.A.

EDITORIAL OFFICE: 708 Church Street. Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art; Norbert Drol, Circulation Manager. NEW YORK: 7 East 42nd Street; Stuart M. Stanley, Vice President-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building. LOS ANGELES: 1709 West 8th Street; Don Harway, Pacific Coast Manager.

Member Controlled Circulation Audit and National Business Publications, Inc. Publishers of Spanish Oral Hygiene, Dental Digest, and Proofs.

AS MORE TEETH ARE LOST FROM NEGLECTED GUMS *THAN TOOTH DECAY—*

why not indicate Forhan's with massage as a beneficial home adjunct to promote firmer, healthier gums!

Some of your patients may be confused by the avalanche of claims and counter-claims of new dentifrices and may forget, as you know, that more teeth are lost from neglected gums than tooth decay.

According to the documented results of a clinical investigation, when individual examinations were given to 1048 patients by impartial practicing dentists, 795 were found to be Gingivitis cases. 564 were first given prophylaxis, and all patients were instructed to brush their teeth and massage their gums twice daily with Forhan's toothpaste.

95% of Gingivitis Cases Showed Improvement in 30 Days

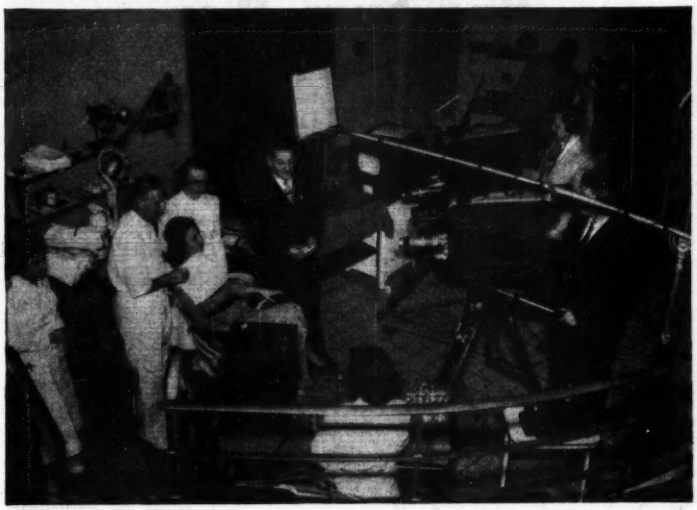
After 30 days, 95% of the Gingivitis cases showed definite improvement, and 100% of those with normal gums had maintained them so. Because of these findings, may we count on your continued acceptance and recommendation of Forhan's with massage as a precaution to help prevent gum infection, and as a valuable adjunct to your professional treatment in Gingivitis?

'Double-purpose'

FOR CLEANER TEETH AND GUM MASSAGE

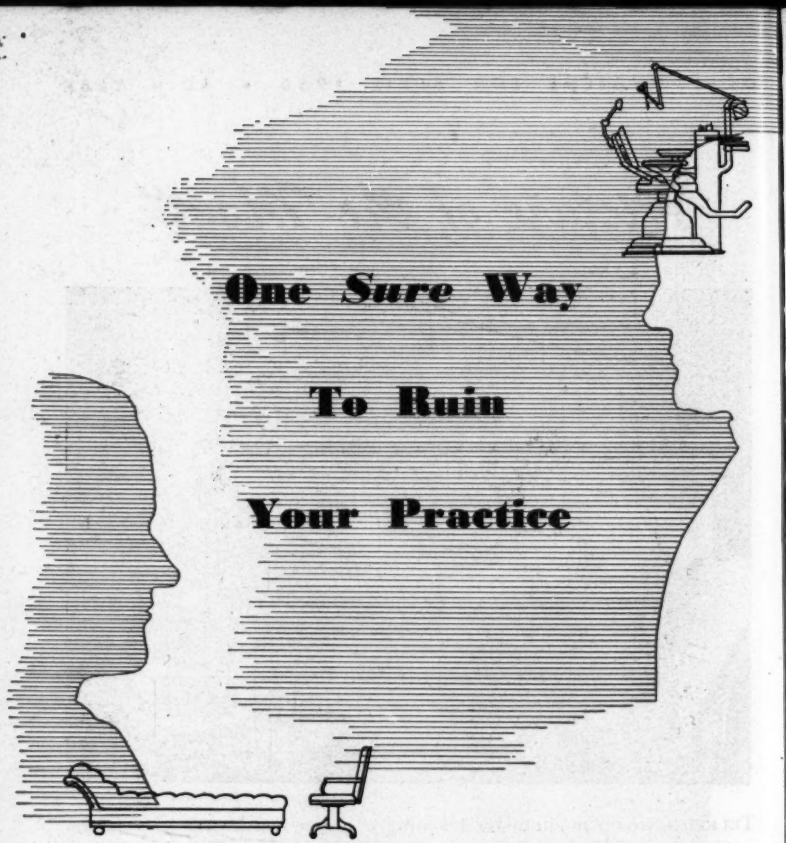
For free samples for your patients, write to Forhan Division, Zonite Products Corp., New Brunswick, N. J.

Picture of the Month



TELEVISION as a medium for teaching a prescribed course in dentistry made its debut Friday, February 10, at the University of Illinois College of Dentistry in Chicago. The occasion was a two-day postgraduate course conducted by Doctor Balint Orban of the University of Illinois on the THEORY AND PRACTICE OF PERIODONTICS. The photograph shows the technicians from WBKB-TV Studios focusing the equipment on Dean Allan G. Brodie (right), Doctor Orban, his staff, and patient, for this new use of television.—*Photograph submitted by William M. Winn, University of Illinois.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



One *Sure* Way To Ruin Your Practice

BY PHILIP PARKER, D.D.S.

NOT SO LONG ago it was customary for every lecturer on the causes of dental disease to point out that the farther we get from the North Pole and the nearer we get to civilization the worse our teeth and gingivae become. If, in addition, the speaker did not state that our teeth would be better if we subsisted on the same diet as the Eskimos, the lecturer was branded as unscientific. But for some strange reason the American people did not take readily to a diet of blubber and whale oil. Even Eskimos like a few gum drops now and then.

So, in rapid succession, came panaceas like eating plenty of roughage, vitamins A to Z, brushing the upper teeth downward and the lower teeth upward a certain number of strokes, seeing your dentist twice a year and, more re-

Is psychosomatics being overdone in the field of dentistry?

cently, such cure-alls as fluorine in your drinking water and urea in your tooth paste.

All of these measures came far short of expectations with disease of the gingivae and teeth as rampant as ever; but at least these remedies could be suggested to your patients as a matter of choice, and the dentist could still remain a satisfactory risk to his life insurance company. But now the prestidigitators have dipped into their hats and have come up with a new one —Psychosomatic Dentistry they call it. If a lecturer does not mention that sacred term at frequent intervals he is considered antediluvian or mid-Victorian at least.

Emotions at Fault

Yes sir, psychosomatic dentistry is the latest approach to the cause of our patients' dental ills. It seems that all the previous theories of the causes of dental and oral disease were wrong; and the underlying cause is emotional disturbance. And the remedy? Simple. The dentist reads a few books on psychiatry and acts as a psychiatrist. He puts a little sign in his window "Six Couches—No Waiting" and is all set. With psychiatrists and psychologists fighting for possession of the field, what could be more natural than for dentists to jump into the breach? Far better, it would seem, to be a third-rate psychiatrist or psychologist than a first-rate dentist.

Some years ago, when the theory of focal infection was popular, the teeth were blamed for most diseases from flat feet to the "seven year itch." This theory had the dubious distinction of furnishing vaudeville with more jokes than the proverbial mother-in-law.

Now the pendulum has swung to the opposite extreme and the emotions are blamed for everything including the diseases of the teeth and gingivae. This new approach to dental problems has already given comedians their greatest fillip since they dug up Joe Miller's joke book. In the first instance it was easy enough to get rid of the teeth, as too many patients found out to their sorrow. But with the emotions at fault, what next? This sixty-four-dollar question does not seem to worry some dentists.

Personality Classification

It has been seriously suggested that when a patient enters your operating room you should observe his emotional behavior and be able to classify him according to personality groups. Dentists have always had a yen for classification. A dentist never treats a patient without classifying him. When a dentist goes to his supply house to select artificial teeth; instead of gazing into the blue eyes of the clerk behind the tooth counter, he keeps mumbling in his beard, "I wonder if that patient is of the

bilious, nervous, sanguine, or lymphatic type?"

Now we are asked to classify him as ascendant-submissive, introvert-extrovert, and even paranoid. Dental societies are giving courses in psychiatry and psychology and, since no one seems to know where one ends and the other begins, the whole thing has been "packaged" into psychosomatics. At leading dental schools the chair, or rather the couch, in psychosomatics bids fair to outstrip in rank the chairs in operative and prosthetic dentistry and even orthodontics.

Until recently candidates presenting themselves for state board examinations had to bring along one foot engine, one foot bellows and blow-pipe, one anatomical articulator and several hundred assorted hand instruments. Henceforth candidates will bring one chronoscope for testing reaction time, paraphernalia for administration of insulin and electric shock therapy and sodium pentothal. Couches will be furnished by the examiners.

New Equipment and Methods

While the manufacturers are re-tooling for the new equipment, dentists need not remain idle. They can dust off that old couch in the laboratory, re-upholster it in one of the new pastel shades and move it into the operating room. For electric shock therapy they can have the patient place both hands on the high-tension wire of the old X-ray machine, and any dentist who has mastered the conductive technique certainly need have no qualms about the sodium pentothal "interview."

Old-timers, however, would be well-advised to proceed more cautiously. About the best way would be to start with a course in elementary psychology. One of the first things they will learn is to draw histograms. Because of the close resemblance one must be careful not to confuse them with charts of the Dow-Jones Averages.

Since classification intrigues you most, you will probably want to know whether your patients are extroverts or introverts. Well, about half way through the course you will be surprised to learn that most people are ambiverts, showing a preponderance of neither introvertive nor extrovertive characteristics.

Now, let us assume that you have stumbled into the correct classification and the patient who just stepped into your operating room is an introvert. What may you expect of him? The experts will tell you that introversion assumes different forms in different persons but the introvert is most likely to become a poet or an artist or a candidate for "commitment." That is a great help. You pay your money and you take your choice.

You will also study about the emotional stability test used in personnel offices to find maladjusted persons; and you will be shocked to learn that if a person is on the defensive he can "fake" the score

if he wishes. All along the line you will find that the experts can be confused and confounded. Even Freud's theories are criticized severely and fought over on many points.

Riddle Inside Enigma

You will find that, at the present time, the whole business is what Winston Churchill would call "a riddle wrapped in a mystery inside an enigma," but dentists must plunge in where angels fear to tread. The lower animals, in learning to run through a maze, gradually learn to eliminate useless movements into blind alleys, but dentists must stumble into one cul de sac after another.

Many years ago Doctor Eliot of "Five-Foot Shelf" fame said that "*the training a dentist needs is in a large part training in skill of eye and hand. It happens that in acquiring the skill he needs, he must learn to perform with a high degree of skill a great variety of manual labor.*" That was the hard way. But that is what made American dentistry great, and the admiration and the envy of the entire world.

The psychosomatic approach seems much easier and promises to be the greatest boon to dentistry since the discovery of Hartman's Solution. Dentists need no longer fear the accumulation of physical infirmities which impede their service as they get older. The dentist practicing on a psychosomatic foundation will be able to stay in practice far beyond the usual retirement age.

At the great gathering of dentists in New York recently it was made even simpler than that. Since most dental troubles are of psychosomatic origin anyway, the best thing to do is to refer your patients to a psychiatrist. No more roentgenograms, basal metabolism, serologic and bacteriologic tests. On his day off the dentist will no longer have to run around from clinic to clinic with his pockets stuffed full of study models trying to get help with his difficult cases. It is now all so simple. You merely refer your patient to a psychiatrist.

Stigma of Psychiatry

But before you start rubbing your hands with glee and make such words as *Oedipus complex*, *psychic masochism*, and the name of *Sigmund Freud* a part of your vocabulary, make sure you know what they mean. To illustrate this point there is a story about the feud that constantly exists between Harvard and Yale.

A Harvard student was touring France and became good friends with his guide. Before they parted the guide begged the Harvard man to teach him a few words of greeting in English that would be sure to make a hit with American tourists. Years later the Harvard man again visited France and looked up this guide and asked him how the tourists reacted toward the few English words that he had taught him. "Well," said the guide, "some

★★★★★★★★★★★★★★★★★★★★★★

ORAL HYGIENE AWARD

This article by PHILIP PARKER, *D.D.S. has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

★★★★★★★★★★★★★★★★★★★★★★

Americans smiled and some socked me in the jaw." What the Harvard man had taught the guide were the words "To hell with Yale."

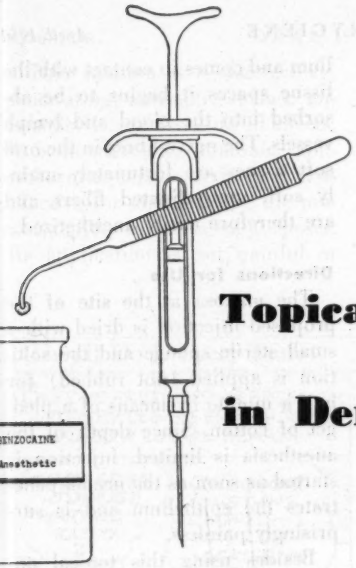
So, hold on! Before you start classifying half this world's citizens as squirrels and the other half as nuts, remember this—regardless of what may be the mode in the distant future, at the present time there is still a certain stigma attached to a visit to a psychiatrist. In one of the recent court trials that made the headlines all over the country, the chief witness was asked if his brother ever had visited a psychiatrist and his attorney fought furiously to prevent the question being answered. It was evident that he feared the impression an affirmative reply could make on the jury.

Whatever at the moment may be the fashion in Hollywood or among certain members of the fourth estate, most patients will not take kindly to your suggestion to "see a psychiatrist." These can be fighting words. If you don't believe it, just try it on your next case. If, as a result, you become the victim of mayhem then *you* see a psychiatrist!

1801 *Marmion Avenue*
Bronx 6, *New York*

THE COVER

THE COVER photograph this month shows the Cleveland Terminal Tower, a landmark, 52 stories high, on the public square in Cleveland, Ohio. The Spring Clinic Meeting of the Cleveland Dental Society will be held in this city, May 1-3.



Topical Anesthesia in Dentistry

BY HERMAN BRODY, D.M.D.

Simple and practical anesthetic solution eliminates pain of hypodermic needle and relaxes patient.

AN APPARENT "pet peeve" of dental patients is the lancinating pain caused by the hypodermic needle when it is introduced into the soft tissues for the purpose of producing local anesthesia. Many patients frankly admit that they fear the needle more than having their teeth extracted.

By accomplishing a painless insertion of the hypodermic needle, dentists can make a favorable initial impression. We also can expect a less apprehensive and more cooperative patient. With this object in view, a formula for a topical anesthetic is presented to the profession.

Formula

The formula for producing this anesthetic calls for:

Benzocaine	120 grs.
Benzyl Alcohol	10 cc.
Methyl Salicylate	20 cc.

Dissolve the benzocaine in the benzyl alcohol and add the methyl salicylate. Preserve the solution in a well-stoppered, amber-colored bottle in a cool place and protected from light.

Clinical tests have proved to this author that benzocaine, in proper

strength, is the most efficacious of the local anesthetics for topical application. It is non-narcotic, nonirritating, and comparatively nontoxic (1/20th as toxic as cocaine).

Benzocaine, unlike procaine, is almost insoluble in water. It is, however, readily solubilized by methyl salicylate. This nonmineral oil is volatile and possesses antiseptic properties. It is a dehydrant and a surface tension depressant for better penetration. It also enhances the anesthetic action of the benzocaine. Because of its volatility, methyl salicylate is capable of being absorbed through the mucous membrane, carrying the benzocaine with it.

While experimenting with topical anesthetics, it was found that 30 cc. of methyl salicylate will not dissolve 120 grains of benzocaine. So an additional solvent which is miscible with methyl salicylate was used to dissolve the desired amount of benzocaine. This solvent is benzyl alcohol, which, in itself, is an excellent local anesthetic. It was found that 10 cc. of benzyl alcohol will dissolve 120 grains of benzocaine. Twenty cc. of methyl salicylate is added and we now have a sufficient amount (26.66 per cent) of benzocaine in the solution to produce the desired anesthesia.

The solution is penetrating and effective in anesthetizing the mucosa rapidly enough for practical purposes. It readily penetrates the epithelial retiform interstices and the submucous tissues. As soon as the solution gets below the epithelium and comes in contact with the tissue spaces it begins to be absorbed into the blood and lymph vessels. The nerve fibres in the oral soft tissues are fortunately mainly soft, unmyelinated fibers and are therefore easily anesthetized.

Directions for Use

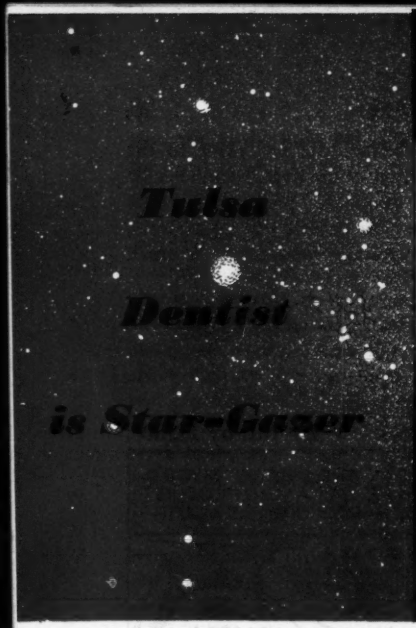
The mucosa at the site of the proposed injection is dried with a small sterile sponge and the solution is applied (not rubbed) for half a minute by means of a pledget of cotton. Since depth of the anesthesia is limited, injection is started as soon as the needle penetrates the epithelium and is surprisingly painless.

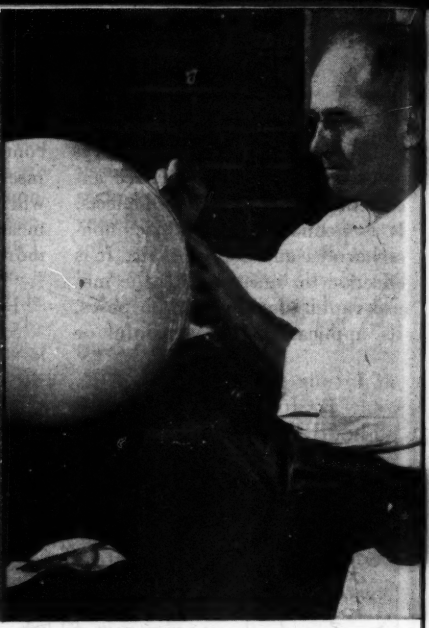
Besides using this topical anesthetic solution prior to the insertion of the hypodermic needle, it may be used for the following purposes:

1. Lancing fistulas (parulis).
2. Removal of loose deciduous teeth and roots.
3. Gingival curettage.
4. To prevent gagging while taking roentgenograms.
5. To desensitize dentine during cavity preparation.
6. To prevent gagging while taking dental impressions.
7. For application to excoriated surfaces, cankerous ulcers, wounds, and burns.
8. For application to the gums to facilitate the removal of sutures.
9. For the relief of postoperative pain arising from the extraction of teeth.

This solution is a satisfactory, penetrating, antiseptic surface anesthetic. It produces no ill-effects. It is nonnarcotic, nontoxic, nonescharotic, and nonirritating. It is effective for anesthetizing the mucosa rapidly for practical purposes. Its application is not painful or complicated. Its use prior to the insertion of the hypodermic needle will eliminate pain. Less pain means the patient will be grateful, more relaxed, and easier to treat.

1579 *Main Street*
Springfield, Massachusetts





Doctor Bridges carves a plaster model of the earth which will be used to illustrate his lectures on astronomy.—*Bob Hawkes, Photographer, Tulsa, Oklahoma.*

BY EVA STACEY

WHEN DOCTOR Ford E. Bridges, dentist with offices in the Atlas Life Building, Tulsa, Oklahoma, turns homeward after a busy day's work, he doesn't collapse into an easy chair and start complaining to his wife about the irascibility of some of his patients—not Doctor Bridges. Instead, after dinner, if the evening is clear, he takes out his own personally constructed telescope and studies the stars.

"Star-gazing is the most wonderful relaxation in the world," Doctor Bridges claims. And he adds, "There is nothing so awe-inspiring and magnificent."

Doctor Bridges, who is rated in astronomical circles in the Midwest (but not by his own admission) as one of the most outstanding amateur astronomers, has been studying stars and planets for nearly twenty-five years, and his interest in the science has never palled.

Doctor Bridges was born at Center, Texas. "When I was a boy of six my grandfather back in Texas introduced me to the wonders of the universe," he relates. "He was a relatively uneducated man in many respects, but somewhere he had learned the names of stars, planets, and constellations. This knowledge he passed on to me. At night he and I would gaze into the sky for hours, and the feeling of real reverence which he taught me has persisted."

Oklahoma dentist's spare-time occupation makes him outstanding amateur astronomer.

Doctor Bridges was graduated from dental college at Baylor University, Dallas, Texas. Soon after that, in 1928, he came to Tulsa where he was active in the organization of the Tulsa Astronomical Society. At present he is serving that organization as President. The dentist also is listed on the rolls of the Royal Astronomical Society of England; Toronto, Canada branch.

But it is the Tulsa Astronomical Society of which Doctor Bridges speaks with most feeling. "Our 35-50 members have big times," the dentist says with enthusiasm. "Just now we are making plans to erect a small observatory upon a five-acre tract I own outside Tulsa. We would make this available for the use of both the general public and the students at the University of Tulsa."

Many of the Society's members, most of whom are men, grind their own lenses for the telescopes they use. "There is something about making one's own instrument which gives intense satisfaction," Doctor Bridges says.

Lens Grinding

The dentist does not call the business of grinding a precision lens of the reflective type especially difficult, but adds, "It involves extreme care and painstaking attention to detail." He believes that dentists make good astronomers for that reason—attention to detail—if for no other. He goes on to describe the making of a reflective type lens:

"You take two pieces of round plate or Pyrex glass six inches in diameter, and fasten one of these pieces to a barrel. The purpose of the barrel is to furnish a working table around which you can walk. Then you fasten a stick by means of a mixture of turpentine and pitch to the other round of glass.

"You provide yourself with carborundum dust, sizes 5, 4, 3, 2, and 1, and start grinding. Sprinkling the dust of number 5 carefully on the bottom glass, you rub the top and bottom pieces carefully together. You continue until the abrasive becomes finest of fine and has done its work. So you proceed, down through numbers 4, 3, 2, and 1."

The catch in the process, Doctor Bridges warns, is the fact that between each change of abrasive—and one has to know when it is time to change; the lens, work barrel, and even the worker himself, have to be washed carefully. That is to preclude the possibility of even one grain of the former abrasive employed being carried over into the next grinding. If this happens, the whole lens may be ruined because of the resultant uneven grinding.

Doctor Bridges observes while Jim O'Mara, Tulsa Astronomical Society member, peers into one of the society's several instruments.

The lens is tested repeatedly for focal length and, when judged finished, it is again washed carefully and then scoured with rouge. The final concave piece is silvered and mounted in the end of a prepared metal tube. With a glass prism suspended at just the right position in the tube, light is reflected into an eye piece, and the image is produced. The tube then is mounted on a universal axis so constructed as to point either north and south, or east and west, and the amateur astronomer is ready to test his instrument.

The whole process, this astronomer explains, is essentially the same—except for being on a miniature scale—as the construction of the huge telescopes now in operation at Mount Palomar and Mount Wilson in California. There is only this difference: lens grinding for these large instruments is done mechanically.

"This description of telescope construction is necessarily sketchy," Doctor Bridges hastens to add. "A great deal of study, as well as much trial and error, lies behind the completed product."

Over 29 Trillion Miles Away

Work and study, both in the fields of mathematics and technical astronomy, contribute to the knowledge which Doctor Bridges now appears to employ so effortlessly. He specialized in these subjects at Northwestern University, Evanston, Illinois, during World War I in connection with duties in the Army. Now the dentist uses such information to further his hobby.

"When one considers," Doctor Bridges explains, harking back to matters mathematical, "that light travels at the rate of 186,000 miles per second and that the nearest

star, Alpha Centauri, which is observable only in the Southern Hemisphere, is five light years away; and one computes the number of seconds in five light years, and multiplies that number by 186,000; it would be quite a figure—over 29 trillion miles!" The dentist's eyes gleam in appreciation.

Recent outgrowth of Doctor Bridges' hobby is his construction of scale models in plaster of the earth and the moon. Back of this project is to be found the fact that the dentist-astronomer speaks, often several times weekly, before various civic groups and has felt the need of actual models to illustrate his talk. The globes, as planned, will be operated electrically and, in the case of the earth, will show continents and mountain ranges in relief. Movements of these bodies will then be made to reproduce their astral wandering, thereby adding further zest and enlightenment to the dentist's lectures.

Saturn

Questioned as to his favorite planet in the entire galaxy, Doctor Bridges immediately mentions Saturn. He explains why he enjoys studying this particular one. "Saturn is so unique. There she sits, inside all those rings, and bobs up and down. The rings, composed of millions of little moons, tilt from year to year. There is always something going on in the vicinity of Saturn."

Doctor Bridges also gets a "big bang," he says, out of the Leonids, those showers of meteors which put on their yearly show around November 13-17. They are gravitated from the tails of comets which pass relatively close to the earth. This hobbyist was disappointed last year, though, when the show failed to come up to expectations. A good performance finds him staying up virtually all night, along with friends from the Society, to observe the magnificent shower of lights.

1954 Eclipse

Tulsa's dentist-astronomer frequently is called upon by other astronomers in the United States when they wish recordings from this section of the country. Such findings are sent regularly to the Harvard observatory. Doctor Bridges expects to be especially busy a certain day in 1954 when Tulsa will lie directly within the path of a total eclipse of the sun. He hopes that the Society will have their observatory completed and that conditions will enable members to make the most of that day. "For, regardless of whether the Republicans or Democrats win, happenings in the sky come off as scheduled," observes the dentist.

"If anyone is in search of a really inspiring hobby, I recommend astronomy," Doctor Bridges sums up his feeling on the matter. "For me, and for many, it becomes just the opposite of a day's work. At night you might say that

I exchange the near-view for the far-view.

"In addition, I recommend to all that they make it a point to visit a planetarium. If anyone can go away from one of those magnificent affairs—where the sun and moon are made to move across the heavens, and the movements of stars and planets are reproduced —without feeling inspired, he must be a person without emotion.

"Those beginning the study of astronomy will want to read books on the subject, too. Any library has volumes which are written in simple language.

"Greatest enjoyment, though, comes from actually looking at and seeing what goes on in the heavens. It's peaceful out there, and serene. You forget about atomic bombs. And to me it is one way of worshipping our Creator."

548 *South Erie*
Tulsa, Oklahoma

INVEST IN YOURSELF!

FOR MAXIMUM safety, it is best to divide your investments between the static and dynamic types. However, there is a further field of investment that can pay great dividends.

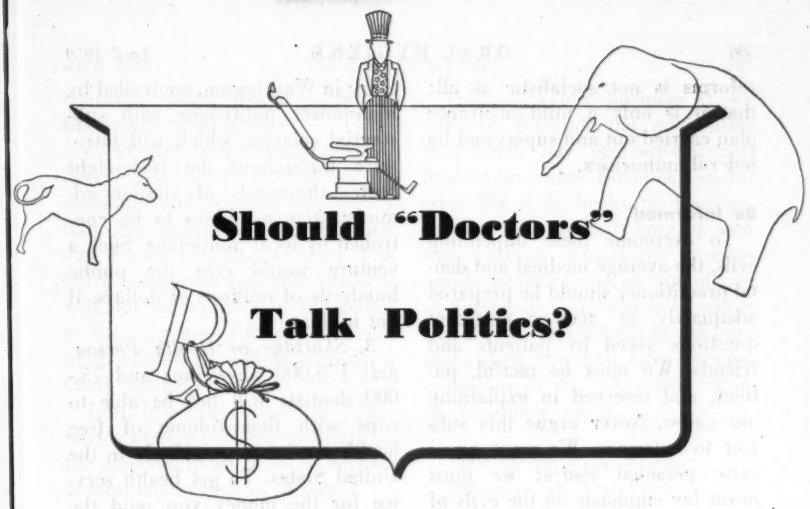
Multiply your net income from dentistry (before taxes) by 16-2/3. The result is the amount of money you would have to invest in a company paying 6 per cent dividends in order to equal your present income. You are a big business yourself, are you not? You are the one business you can actually supervise; increasing production, cutting costs, improving efficiency, and building good will. You may even consider it a business worth an investment.

Invest in yourself. Modernize and round out your education through advanced study, postgraduate courses, seminars, convention and dental society attendance. Increase your knowledge and skill.

Invest in office efficiency. Have you been too long in a cramped and out-moded office? Does your equipment do justice to your ability; saving time and improving results? Is your office staff as complete and as well-trained as you would like? Have you developed, rehearsed, and standardized your office system and operative routines?

Invest in good citizenship. Are you carrying your share of the civic burden? Peculiarly, prestige is more often associated with what is done outside the office than with what is accomplished professionally. Prestige is a great asset. Are you active in your dental society? Do you present clinics, lecture, do research, or write for publications? Bet on yourself!

Do you know a better man to bet on?—*Southern California State Dental Journal,* February, 1950.



Should "Doctors" Talk Politics?

By acquainting himself with the facts, a dentist can influence his patients to think constructively.

BY CLYDE HENRY KLEINERT, D.D.S.

HERE IN THE United States political issues of great magnitude brew slowly in closed-door committees, but they often surge into the open with sudden spontaneity. Recognizing such manifestations, it is gratifying to note that the apathy of organized medicine has been overcome boldly; and let us hope it is not too late. The vigor with which the American Medical Association attacked the Truman doctrine of health socialization at the last national convention is a historic record of medicine entering courageously into politics. To finance the cost of this political battle, it voted unanimously on a $25.00 yearly tax to each member of the organization. The American Dental Association should likewise fall in line and levy a tax on its members for this justified cause, so as to assert itself publicly, and make its views clear and resonant.

It is a vital cause, and calls for political and moral clarification. In making our voices audible, we must recognize that we are facing fanatics, ideologists, benevolent fools, pseudo-reformers, fellow-travellers, and even men within our own ranks who believe, and insist, that the Truman doctrine on health

reforms is not socialistic at all; that it is only a mild insurance plan carried out and supervised by federal authorities.

Be Informed

To overcome these impending evils, the average medical and dental practitioner should be prepared adequately to answer pertinent questions asked by patients and friends. We must be tactful, patient, and reserved in explaining our cause. Never argue this subject to extremes. We must never raise personal issues; we must never lay emphasis on the evils of government interferences as they may affect our economy and independence. The public at large is only interested in whether it is going to benefit and how a status quo in medicine or dentistry will serve its interests best.

On the surface this may appear a big parcel, but we can be guided by the following simple outline in conveying our information to patients:

1. *Cost of Maintenance of the Truman Health Project*: To provide health service to 150 million Americans will involve a cost of billions of dollars; and who will pay the bill? The Federal Government has no funds of its own; they will have to come from a new tax sliced off directly from your weekly earnings. And what will you get in return?

2. *Government Control of Health Service*: It will create a gigantic health administrative machine in Washington, controlled by high-power politicians with substantial salaries, which will introduce throughout the forty-eight States thousands of similar administrative machines to be controlled by local politicians. Such a venture would cost the public hundreds of millions of dollars, if not billions.

3. *Shortage of Health Personnel*: 175,000 physicians and 75,000 dentists will not be able to cope with that volume of free health service to everybody in the United States. To get health service for the money you paid the government in advance, you may have to wait in line for weeks or months; or take the easier way, by political pull. Under such circumstances the undesirables and the uncouth will crowd out from medical and dental offices the more reliable patients.

4. *Loss of Personal Interest in Patients*: Under government control, it is inevitable that personal interest and attention to patients will diminish eventually or vanish.

5. *Nature of Health Service*: Health service will deteriorate. Overworked professional men, directed and pummeled by political appointees, will be driven to the adoption of machine-type service, cut to order by superiors. It will tend to undermine the physician's personal integrity and initiative as they exist in free enterprise. Health service will be standardized by formula in order to increase the output. (This is what happened in

countries where health socialization has been adopted.)

6. *Decline in the Health Professions*: The allied professions of medicine will become less attractive, less dignified to young men and women planning a career. The more competent and able students will not be inclined to invest ten to fifteen years of study, at a cost of thousands of dollars, to earn a Civil Service position.

Last, it is fully within the boundaries of our concern to dwell on the dangers, to all of us, of further federal concentration of power.

Politics is our business if we wish to forestall the adversities that befell our professional colleagues in some European countries. We of the health professions, by virtue of our daily contact with the average American, possess ample facilities and an abundance of influence with which to abort that threatening federal health control, when we shall have become conscious of the magnitude of its un-American origin.

1001 *Ocean View Avenue*
Brooklyn 24, New York

FREEDOM FROM DENTAL FEAR IS OBJECTIVE

AN EXAMPLE of constructive editorial enterprise is the excellent illustrated article DON'T BE AFRAID of YOUR DENTIST! published by PARADE, a Sunday Picture Magazine which is circulated through thirty newspapers having a readership of more than 12,000,000 persons. The authors, Karl Kohrs and Sid Ross, did not begin to write their story until after they had visited the University of Illinois Dental Clinic in Chicago, and observed that the children receiving dental treatment seemed to enjoy it. Then they interviewed Doctor Maury Massler, supervisor of dental services for the University's College of Dentistry, on the subject of new techniques that have been developed to lessen the fear of dental pain both for the adults and for the children. The result is a reassuring, informative statement pointing out how the child can be taught to think of the dentist as his friend, how it is possible to maintain such a normal attitude all through life because of the constant efforts by the dental profession to eliminate the element of fear. Better techniques mentioned as helpful are new effective local anesthetics, the use of barbiturates taken by mouth, injections of sodium pentothal, the new instrument that delivers a fine spray of water during drilling, and the promise of the air-brasive technique. But in conclusion Doctor Massler emphasizes that "We can develop the most wonderful techniques in the world, but if our patients are afraid of them. they'll never be of any use. We don't want that to happen."

WHAT WOULD YOU HAVE DONE—

—if an enraged patient entered your office brandishing a .38 Luger pistol?

SEVERAL MONTHS ago a man came to my office for examination. He was middle-aged, about medium height and weight, and had a pleasant, easy-going manner. He was thinking of having his remaining upper teeth extracted and a denture made, and asked my opinion.

Visual examination showed strong jaws with large, strong teeth. A number of teeth were missing from his upper jaw, but he had enough sound teeth remaining and so positioned as to be an ideal case for a partial denture.

He said he had tried one before; that the clasps rubbed his teeth near the gingivae; and he finally had to discard it. I knew the clasps could be placed so as not to touch the gingivae and quoted a fee.

He accepted my recommendation and I made a cast partial. Through an error in my estimate I did not clear enough to pay for the impressions. In addition to that, the laboratory opened the bite some and I had to do considerable grinding to get it into proper occlusion. I made some adjustments

later, and it seemed to be a good fit; but he continued to complain. So, one day when the laboratory man was in, we studied his case and decided to make it over for him without further charge.

This new case fit nicely and required little adjusting. At last it seemed the problem was solved, although I had lost heavily on it. Once or twice he came in for minor adjustments when I was quite busy and running behind schedule, and my secretary told him that I could not take him at that particular time, but suggested making an appointment.

I heard nothing from him for a week or two and thought he was getting along all right. Then one Sunday afternoon he telephoned me at home, saying he wanted to come around and talk with me. I sensed something strange in his voice, and suggested he meet me at my office, thinking I could then make any adjustments he might need.

Explosion

He agreed and I met him there, opened the office, and offered him a chair in the waiting room; commenting on the weather and other general topics. He said nothing, but sat quietly awhile. Suddenly he really "blew his top"! I can't repeat our conversation verbatim, but I will never forget some of *his* words!

Drawing the partial denture from his pocket, he slammed it down on the receptionist's desk, and began shouting violently that he "had had enough . . . the thing has ruined my mouth and torn up my nerves. I wouldn't wear a torture device like that again as long as I live!"

His vehemence shocked me. Why had he not taken the partial denture out when it began to bother him? Then I realized he had been nursing some little irritation until it had gained tremendous proportions.

Tries Persuasion

I casually picked up the partial denture and tried to calm him by saying I had done my best and lost money, too, but I would be glad to make a financial adjustment. But he shouted: "Keep quiet and let me do the talking!" So I kept quiet and he went on, "You are a veteran of the last war and I'm a veteran of the first World War. We're used to straight talking, and that's the way I am going to talk! If you want to make anything of it, I have a .38 Luger here in my pocket to speak for me!" He patted his pocket and I knew he had one there; I didn't ask to see it. He went on: "The way I feel right now, I'd just as soon take my gun and kill you as not!"

I was looking into the eyes of a man close to homicidal mania! I knew I had to be careful of what I did and said or my wife would be collecting my bit of insurance! I was careful to keep my hands out of my pockets, out of drawers, and in plain view.

During a lull, I pointed out

quietly that I had made the partial denture over in an attempt to please him, that I had spent hours in adjusting it.

He countered by saying that he had spent over $150 for "junk" like that partial denture, and that folks like him who had to work hard for their money could not afford it. He was not broke, but he "probably didn't have one-thousandth" of what I had!

I told him, quietly of course, that I did not own my office, home, or a square foot of land, and that I was still paying on my dental education. I offered to refund every cent paid for the partial denture.

He shouted that he did not want it and started out. As he went down the stairs he reached into his pocket and snapped the safety on his Luger.

The next day I mailed him a check for the amount he had paid on the partial denture. In a few days I received a letter from him saying he wanted "to sincerely apologize" for his words and actions, and he enclosed a check.

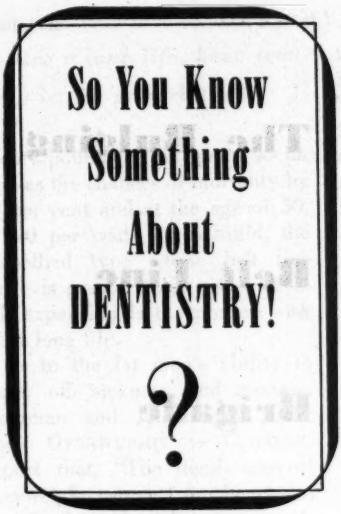
Now, you might be a braver man than I; you might have caught him off guard, knocked him down, disarmed him, delivered him to the police, and had a lot of newspaper publicity; but I am satisfied with the way I handled it.

What would you have done?

PIONEER DENTIST DIES AT 85

DOCTOR Percy Rogers Howe, 85, Director of the Forsyth Dental Infirmary for Children and a pioneer in research on the relation between diet and dental disease, died at his home in Belmont, Massachusetts. The author of many scientific articles for dental publications, Doctor Howe was widely known also as a professor and a lecturer in the United States and Canada. Among many high honors, he received the Award of Merit and Achievement of the American Dental Association for his investigations on the effect of vitamin deficiencies on the teeth. In 1948, Doctor Howe was made a Fellow in Dental Surgery of the Royal College of Surgeons in England, and he was a valued member of national and international dental associations.

So You Know Something About DENTISTRY!



QUIZ LXVII

1. Local anesthetic solutions are (a) not, (b) mildly, (c) extremely, bacteriostatic. .....

2. When the roots of a deciduous tooth have been resorbed, is there any evidence of pulp vitality while the tooth is still in position? .....

3. Swelling caused by trauma is reduced by (a) heat, (b) medication, (c) cold. .....

4. True or false? Repeated use of penicillin troches will clear up a surface infection but will not eliminate all organisms; and a resistant strain will often develop. .....

5. The effectiveness of clasps depends on (a) contours of the anchor teeth or the angles toward which they lean, (b) gravity, (c) physical properties of the clasp metal. .....

6. Why should alginate impressions be poured immediately upon removal from the mouth? .....

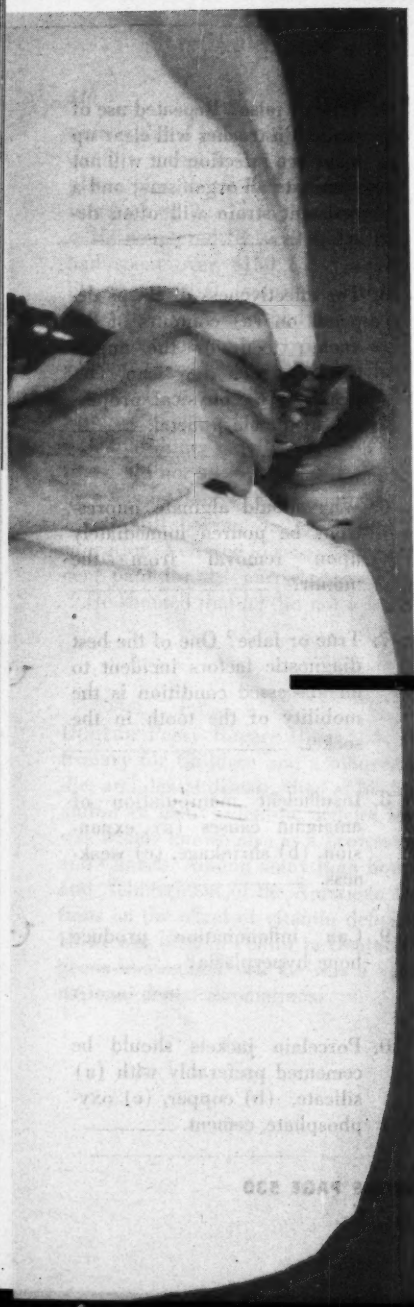
7. True or false? One of the best diagnostic factors incident to an abscessed condition is the mobility of the tooth in the socket. .....

8. Insufficient manipulation of amalgam causes (a) expansion, (b) shrinkage, (c) weakness. .....

9. Can inflammation produce bone hyperplasia? .....

10. Porcelain jackets should be cemented preferably with (a) silicate, (b) copper, (c) oxyphosphate, cement. .....

FOR CORRECT ANSWERS PAGE 530



The Bulging Belt Line Brigade

BY MAURICE J. TEITELBAUM, D.D.S.

THERE COMES a time in the lives of most men, dentists included, when they look at themselves in a mirror; try drawing in their stomachs once or twice; and finally admit that their small potbellies have matured into full-fledged bulging belt lines.

Most of us are aware of the dangers of excessive poundage; that is, those ten pounds over the weight computed according to individual height, age, and bone structure. Five or ten pounds above the "normal" weight will not endanger a person's health. However, an excess of ten pounds will lessen a life span in proportion to age and build. For example, it has been estimated that an excess of

To live a long life, keep lean. Here is the prescription.

twenty pounds at the age of 40 increases the chances of mortality by 10 per cent and at the age of 50, by 20 per cent. As to build, the potbellied type whose belt line bulge is greater than his chest in full expansion is the poorest risk for a long life.

As to the fat man's ability to ward off sickness and disease, Dorfman and Johnson, in their book OVERWEIGHT IS CURABLE, report that, "The death rate of overweight people from heart disease and cerebral hemorrhage is one and one-half times that of underweight people . . . The death rate from apoplexy in obesity is three times that in leanness, and the mortality in kidney-vascular disease is one and three-fourths times greater in the overweight groups . . ." The overweight person, it might be added, is also more inclined to diabetes; and in respiratory disease the bronchial infections are more difficult to clear up. And what a strain on the dentist, if his legs are forced to hold up twenty or thirty extra pounds at the chair all day!

What To Do

What can be done about it? The answer is simple. I know, because I like food; yet I have lost twelve pounds in three weeks without starving myself and without the administration of thyroid, benzedrine, or any other medication. The solution is not in dieting! It is in selective eating; the drastic reduction of the intake of sugars, starches, and fats. The difficulty in losing weight usually arises from a psychologic rather than a physical desire to eat. But, if you are in good health and follow the rules set down in this article, you should shed excess weight pleasantly and rapidly. The person to whom food has a certain narcotic effect is likely to be discouraged by weight lost too slowly. When a substantial loss is noticed within a few days, the satisfaction of something accomplished more than compensates for the disciplinary measures undertaken.

1. *Do not eat*—fried foods, ice cream, candy, cake, pastry, soups, soft drinks, fatty meats, fowl, or fish, or buttered vegetables.
2. *Do not eat*—between meals. Do not skip any meals. Eat three meals a day.
3. *Do not* use cream or sugar with your coffee. Use skimmed milk and saccharin, which has no caloric value, if you need sweetening. After the first few cups you will hardly be able to tell the difference.
4. *Do* eat breakfast every day. Have juice or half grapefruit, a boiled egg, toast and coffee. (You may have two to three slices of bread

per day, preferably whole wheat.)

5. For your other two meals, you may eat broiled foods such as chicken, lamb chops, chopped meat, steak, liver, sweetbreads or fish; salads of tuna, salmon (without mayonnaise), sardine, cottage cheese, lettuce and tomatoes. The following vegetables are of low caloric value: asparagus, beet greens, broccoli, cabbage, cauliflower, celery, chard, cucumbers, endive, escarole, radishes, sauerkraut, spinach, rhubarb, tomatoes, and lettuce. Having more calories, but still low are: carrots, peas, turnips, peppers, and parsley.
6. Eat sufficient food! Do not starve yourself; but do not gorge yourself, either. Drink as much water as you like, and try to have a glass of skimmed milk every day.
7. Supplement your food intake with multi-vitamin tablets to be sure of having your necessary requirements.
8. Weigh yourself every morning. This is important, not only while you are restricting your diet, but afterwards as well.

When you have reached your desired weight, you may go back to eating whatever you wish—but with a certain amount of caution. Allow a spread of five pounds. If you weigh yourself each day, you will know when you have reached your five-pound limit. Then you can be more selective so that you need never become one of the bulging belt line brigade again. If you do not weigh yourself regularly after you have lost weight, you may suddenly find that your pants are "shrinking" and that you are back where you started. But if you follow the rules outlined above, and if weighing yourself each morning is as much a part of your daily routine as toothbrushing, you will never have to let your pants out again.

Remember, for the fat man, death, not life, begins at forty; for the fatter the man the slimmer are his chances for a long and healthy life.

446 *Clinton Place*
Newark, New Jersey

Doctor Theodore Shanks (left) and his native assistant, Zo'obo, (right) shown treating two patients outside the mobile clinic car. Presbyterian Life photograph.

MISSIONARY DENTIST

OPERATING this mobile dental clinic in Cameroun, West Africa, bears little resemblance to the practice of an American dentist. A three-day trip to Metet, one of the Presbyterian medical missions served by Doctor Theodore Shanks, is an example of his schedule. As the missionary dentist and his native assistant, Zo'obo, gather needed supplies, students clean up the mobile clinic car and pack supplies. At Metet, they receive a warm welcome from lonely fellow missionaries and natives eagerly awaiting shiny new teeth.

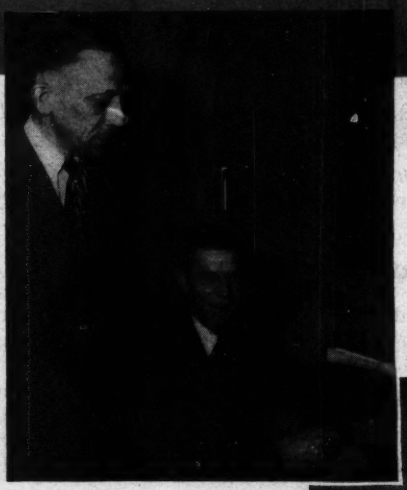
Dental chairs are set up in the mobile clinic and outside it as well; while the laboratory is set up in a nearby building. At eight o'clock in the morning everyone is ready for dentistry, and patients from miles around are sitting in the yard around the clinic.

Many of the native patients have never been in from the bush before. They have never seen a chair, and often sit on the foot rest instead of the seat. On the other hand, some have been through school and even to France.

Portraits and Profiles

Of American Dentists

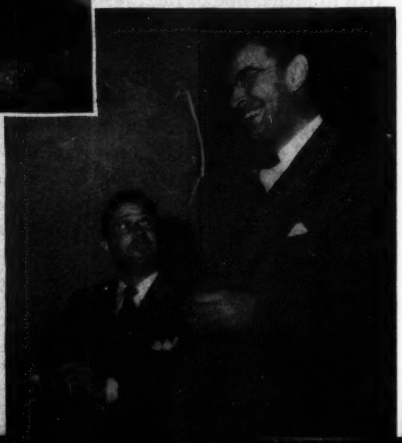
By Howard A. Hartman, D.D.S.



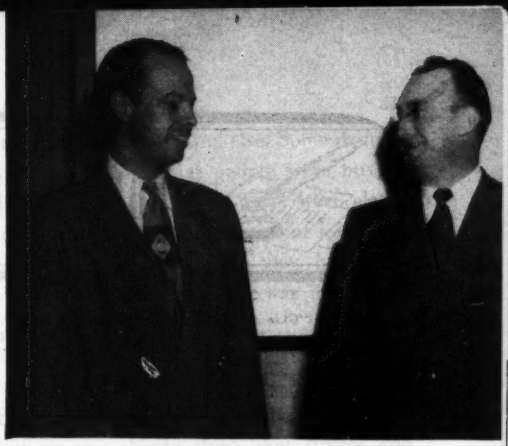
EARL HENRY
Memorial Clinic

Knoxville, Tennnessee

Below C. LeClair Greenblatt, Knoxville, with Frank G. Yost of Greenville, Tennessee.



Above: Glen A. Bibee, Fountain City, Tennessee, Immediate Past President, Tennessee State Dental Association; and Lawrence T. Kennedy, Knoxville, 1949 Chairman, Earl Henry Memorial Clinic.



E. T. Coleman, Chairman Local Arrangements Committee; and William A. Parker, Vice President-Elect of Tennessee Second District Dental Society.

★

William C. Alford, Knoxville, Member, Tennessee State Board of Dental Examiners; and John G. Sharp of Knoxville, First Chairman of Earl Henry Memorial Clinic.

★

Left to right: Russell O. Ford, President-Elect, Tennessee Second District Dental Society; T. T. McLean, Executive Secretary, Tennessee State Dental Society; and Frank P. Bowyer, member of original Earl Henry Memorial Clinic Committee.

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

DENTISTS ARE IN BUSINESS

SOME OF THE purists in dentistry, with more than a dash of hypocrisy, speak as if the practice of dentistry were conducted in a vacuum, free from the currents of economic forces. These are the deceivers who tell young men entering practice the fables that "the fee will take care of itself" and that "any consideration of money is beneath the dignity of the professional man." I notice that the men who utter these untruths are usually well fortified with a substantial personal bank account.

Dentists are in business and unless they take heed of current business trends they are likely to find themselves in a tight financial condition. It is easy to become lax in the extension of credit and inattentive to collections. A few years ago most dental transactions were handled on a cash-in-full basis. Patients settled their accounts at the completion of the service or within thirty days of the billing period. Things are different now. There is more installment paying and larger amounts of extended credits are on the books. If you are in doubt, better take a few minutes *now* and examine *your* books with a sharp eye.

Unlike the business man, the dentist has not been in the habit of following contractual procedure in extending credit. The use of written contract forms and promissory notes has been extremely successful in the hands of some dentists but they are in the tender minority. Most dentists use an extremely nonchalant and casual procedure in extending credit. They let the patient set the terms and seldom make an effort to enforce the conditions of payment.

During the war years when consumer credit and installment buying were tightly regulated and many items were unavailable, people bought

dentistry because they couldn't buy much of anything else. Some dentists misinterpreted the signs and began to think that people were buying dentistry in preference to other goods and services. They were elated to think that the millennium in dental health education was at hand and that people were flocking to dental offices because they had been converted to belief in the benefits of dental care. That was in part an illusion.

As soon as automobiles, TV sets, building materials, and hundreds of other goods, became available, people began to stay away from dental offices in large numbers. Business conditions are still good in dental practice in *most* locations, but no one should think that strikes and unemployment are not felt in dental practice in industrial areas and that falling farm prices are not reflected in dental offices in rural areas. At first the change in practice may be so subtle as to escape observation. Dentists may be *seeing* as many patients, but they are *treating* them for the less costly conditions. People will still come for the relief of pain, extractions, and operative procedures. The larger prosthetic and reconstruction cases may follow the Dow-Jones average, the employment index, and the price of farm produce!

Not only are there general economic forces at work—such as stiffer competition and price cuts in some lines, falling off in retail sales, and the increase in installment credit—but there are local conditions that the dentist should watch. He should be aware of the overall economic trends, and also keep a sharp eye on affairs in his own community. Panic is not indicated, neither is it desirable; but prudence is.

Edward J. Ryan

Dentists in the NEWS

Bangor (Maine) Daily News: A child's life jacket that can be worn deflated as a play suit has been invented by Doctor Clarence Allen of 282 West Broadway. In the event the child falls into the water, the jacket will automatically inflate within thirty seconds, and Doctor Allen estimates that the inflated jacket will remain so for two or three hours. The Bangor dentist was prompted to experiment with his life jacket through concern for his own three children. He intends to patent his invention and did not reveal the chemicals which cause the inflation.

New York (New York) Herald-Tribune: At St. Mark's in-the-Bouwerie in New York early in January, Doctor Edwin W. Nies, a practicing dentist who is deaf, was ordained to the priesthood of the Protestant Episcopal Church. The service was translated into the sign language for the benefit of those present who were deaf, and was attended by about 400 members of that church and St. Ann's Church for the Deaf, of which Doctor Nies is the vicar.

A native of New York City, Doctor Nies lost his hearing at an early age as a result of spinal meningitis. He received his Bachelor of Arts degree from Gallaudet College for the Deaf in 1911 and was graduated from the School of Dentistry of the University of Pennsylvania in 1914. Since 1914, when he began his dental practice, he has served St. Ann's as a lay reader and in a number of parish offices.

The Reverend Richard R. McEvoy, rector of St. Mark's, told in his sermon that this was the first time in twenty-six years there had been an ordination for the specialized ministry to the deaf in the New York diocese.

Oklahoma City, The Daily Oklahoman: Doctor Claude R. Swander has practiced dentistry in the same Cushing, Oklahoma, office for thirty years. In thirty-nine years of teaching Sunday school at the First Christian Church, the slender, 57-year-old dentist has yet to miss a Sunday. In 1929, not knowing one rope knot from another, the Cushing dentist agreed to help with the Boy Scout Troop 10 until "they can get somebody who knows something about scouting." From this start Doctor Swander became Oklahoma's No. 1 Boy Scout; and now, twenty years later, he is the only man in Oklahoma to hold the Wood Beads award, highest honor bestowed in scouting.

Doctor Swander started as a Tenderfoot at 37 and, after taking the many scouting tests to "keep up with the boys," he has earned sixty-nine merit badges and has been voted into the Order of the Arrow.

"You might say it took me thirty-seven years to find out what I was missing," grinned the scouter-dentist. "I love scouting; I love boys; the outdoor work and the association it brings—and I've never begrudged one minute I've devoted to boys and scouting."

Philadelphia (Pennsylvania) Evening Bulletin: A program to integrate dentistry into the teaching of medical students and to co-ordinate medical and

dental health services will be instituted at Jefferson Medical College Hospital in the fall, according to recent announcement. The project will be run jointly by the hospital and the Philadelphia Mouth Hygiene Association, and an estimated 45,000 patients, mostly children, are expected to receive treatment each year.

The new unit will be known as the Emerson R. Sausser Medical-Dental Clinic in honor of Doctor Sausser's service both as chief of the dental department at the hospital and as chairman of the board of trustees of the association. The hospital hopes to develop opportunities for clinical research in the relation of oral diseases to systemic disorders. Jefferson Medical College plans to expand the department of oral medicine, coordinating it with the work of the department of pediatrics, because most of the medical-dental problems will be those of children.

Eligibility for treatment is based on weekly per capita income in the family, with a flat charge of 75 cents for routine visits. The new clinic is expected to begin operation about September.

New York (*New York*) *World Telegram and Sun*: Homer Pennington's dental treatment was interrupted recently by a crash and scream outside the tenth story office of Doctor John C. Wright, Kansas City dentist. Rushing to the window, the dentist and his patient found William Clayton, young freight employee, dangling from a rope and pulled him to safety. He had been stationed atop a crate being hoisted to the top of the seventeen-story building, when the crate suddenly slipped and fell. He was so frightened that Doctor Wright had to give him a glass of wine "to calm him down."

Omaha (*Nebraska*) *World-Herald*: Doctor William J. Guilfoyle, young Ogallala dentist, won the local county championship by wrestling a 200-pound three-point deer and winning two out of three falls in a "life or death" match lasting ten minutes. The struggle took place while Doctor Guilfoyle and a companion were hunting near Gering. Guilfoyle spotted the buck about 250 yards away and fired several shots. The

third hit him in the belly and the fourth broke his front leg. Suddenly the dentist was out of shells and had no knife, so he chased the wounded animal. The buck finally fell and then followed the wrestling match in which the dentist threw his opponent twice to win. Bet Keller, Doctor Guilfoyle's companion, arrived to find "Doc' slumped over, and puffin', eyeing the buck. There was the buck, lying on the ground, puffin' and eyeing 'Doc'. Neither one wanted to go at it again." Mr. Keller put an end to the match with his hunting knife.

Des Moines (*Iowa*) *Tribune*: Pedestrians can step with renewed confidence on icy sidewalks now, thanks to an enterprising Walters, Oklahoma, dentist. Doctor F. D. Stalford, 76, has invented ice grippers which may do away with unintentional somersaults and one-point landings. The grippers look something like baseball cleats and fit between the heel and sole of a shoe. The gadget has a sharp point which digs into the ice.

Los Angeles (*California*) *Times*: "Milus M. House Day" was observed

January 10 by the Second District Society of the Southern California State Dental Association in honor of the Whittier, California, dentist. Doctor House, 1001 Floral Drive, has been regarded for some time as outstanding in scientific and dental research. He is widely known as a scholar, teacher, dentist, clinician, scientist, lecturer, and leader.

Greenville (South Carolina) News: While Doctor George C. Albright, Greenville dentist, and his friend, Doctor L. H. McCalla, were hunting near Lowndesville, South Carolina, the two somehow became separated. Late in the afternoon, returning to their car, Doctor Albright stepped on an old well and plunged some 36 feet into its depths. Fortunately, the well was dry and the dentist was able to blow his dog whistle. Recognizing the whistle, the dog circled the well, attracting Doctor McCalla who had been calling his friend. After two or three hours, Doctor Albright was finally hoisted out of the well with the aid of a well digger and his rig.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Robert M. Garvey, D.D.S., Griswold, Iowa.
Gerald S. Westreich, 148-02 87th Road, Jamaica 2, New York.
Victor A. Schlich, 75 Berwick Street, South Portland, Maine.
Percy T. Phillips, D.D.S., 18 East 48th Street, New York, New York.
S. Messinger, D.D.S., 30 Linden Boulevard, Brooklyn 26, New York.
D. A. Moore, 1420 N. W. 25th Street, Oklahoma City 6, Oklahoma.
Charles P. FitzPatrick, 3841 Aspen Street, Philadelphia, Pennsylvania.
Ruth Reed, 5040 Waterbury Road, Des Moines, Iowa.
Fred Tomblin, 2523 Fifty-Fifth Street, Huntington Park, California.
T. L. Timmerman, D.D.S., Laurens, South Carolina.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News* we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

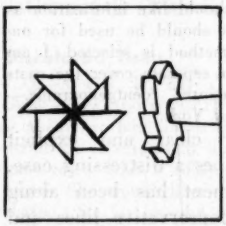
WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

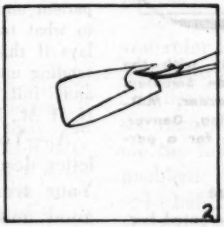
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.
Drawings by Dorothy Sterling

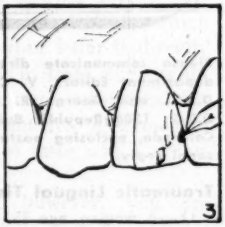
Better Retention and Contacts for Plastic Filling Material



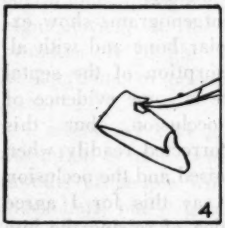
Prepare the cavity in the usual manner. Retention will be improved if a #14 wheel bur is used wherever possible.



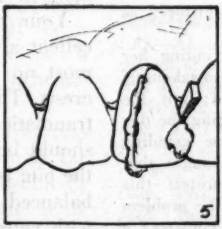
Determine where the contour should be enlarged for proper contact. Mark the spot on the form.



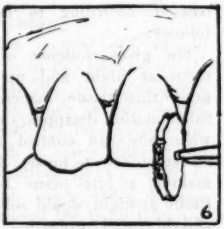
Select and fit a crown matrix (made especially for use with plastic material).



With a round bur, make a hole in the matrix at the point marked. Use small scissors to enlarge the hole to give broad contact.



Insert filling material. Use a plastic instrument to smooth up the exuded material. Use a Stimudent to hold matrix at gingival.



At another sitting, remove the form. Polish by using a plug finishing bur, felt wheel, and moist polishing material.

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Traumatic Lingual Tissue

Q.—A woman, age 35, presented herself at this office with extreme inflammation of the tissue lingual to the upper anterior incisors and anterior to the palatine foramen. The patient is of high intelligence, is extremely cooperative, and fully understands the problems of her case; which I have treated according to her history, as follows:

She gives evidence of grinding her teeth at night and upon awakening, finds this tissue macerated; but the inflammation disappears during the day when she can control these grinding movements consciously. I thought that making a bite plane to protect this tissue at night would solve the problem suitably, and proceeded to construct a vitallium bite opener which she has worn consistently, except while eating meals. This met with fair success until two months later, when the patient returned with the same inflamed tissue.

The history indicates that, although she has kept comfortable during the hours which she wears the bite plane, she is getting much trauma during the eating of her meals, and the bite plane is too cumbersome to keep inserted during this process. As you will see, from the models, there is some hypertrophy of this tissue; and I somewhat considered resection of the excessive tissue but have decided against this temporarily. My opinion now is that occlusal onlays should be made for the lower posterior teeth to keep her bite open twenty-four hours a day.

I should appreciate any aid that you can offer me in giving relief to this patient and should like information as to what teeth should be used for onlays if this method is selected. I am sending under separate cover the casts and full mouth roentgenograms.—N. H. M., New York.

A.—Your clear and explicit letter describes a distressing case. Your treatment has been along good and conservative lines and has served to demonstrate the need of a more permanent and comfortable type of reconstruction to relieve the traumatized lingual gingival soft tissues of the anterior segment of the maxilla.

Your roentgenograms show excellent alveolar bone and with almost no resorption of the septal crests. There is some evidence of traumatic occlusion, but this should be corrected readily when the bite is raised and the occlusion balanced. I say this for I agree with your idea of raising the bite with onlays of hard gold. When your casts are mounted on an anatomic articulator with centric occlusion established, you will see

at once how much the vertical dimension should be increased to overcome the traumatizing of the lingual soft tissues. Then by using wax mockups you can determine how many and which teeth should be built up, but I suspect all of the molars and bicuspids on the lower jaw should be built up, and you may need to make lingual inlays on the maxillary central incisors. I believe this plan will insure good results and improve the esthetics. —GEORGE R. WARNER.

Discolored Area

Q.—A girl, 17, has a dark—almost black—area above the right lateral. It is about five mm. above the tooth, and about six or seven mm. across. It is almost round with a diffused area at the edges. She would like to have it removed. So far as she remembers, it has been there since childhood. What can I do to remove it?—H. W. E., Wisconsin.

A.—The dark area of which you speak, on the labial surface of the maxillary gingiva above the right lateral incisor, might be an area of pigmentation, if the girl is a brunette. It might also be a hemangioma, or possibly a hematoma.

I might say that gingival pigmentation is quite common in the mouths of people with decidedly black hair, but it is a little more commonly found on the gingivae of the mandibular incisors.

Whether it is a pigmentation or a blood tumor, it can be removed surgically; however, to be on the safe side, it would be wise to make a biopsy before operating on it. —GEORGE R. WARNER.

Loss of Teeth

Q.—With reference to the question on "Sense of Taste" in ORAL HYGIENE,[1] could loss of taste be the result of fever and streptococcus viridans infection following tooth extraction?

Inasmuch as massive doses of penicillin, amount determined after a critical bacteriologic study, now save the lives of these patients, the possibility that the cause of the complaint is outside dental limitations might be investigated.—H. O., New York.

A.—As the question to which you refer in your letter is directly related to loss of taste when artificial dentures were substituted for the natural dentures, it seemed to me the loss of taste was a dental problem.

I believe, however, you are right in thinking that loss of taste or aberrations in taste, such as metallic or salty, can be attributed usually to a general rather than an oral or dental condition.—GEORGE R. WARNER.

Collection Problem

Q.—About two months ago an old patient of mine sent her huband in. He was troubled with his present dentures. I offered to make a new set for him. In doing so, I opened his bite quite a bit, but this seemed to cause difficulty in chewing and talking. In his effort to close further his lower ridge became sore. I then removed the teeth from the lower denture and closed the bite about two mm. The patient failed to pick up the remade dentures and has refused to make any further appointments. I collected no down payment, as they were

[1] ASK ORAL HYGIENE. Sense of Taste. ORAL HYGIENE, **39**:1534 (October) 1949.

old patients. I am now left with a set of dentures which represent time and effort. How would you suggest handling a case of this kind?—B. A. H., Wisconsin.

A.—It appears that there is not much you can do in this case but take your loss. If I were you, however, before writing it off entirely, I would have a talk with your old patient, the man's wife, and see if you cannot convince her that you should be paid something for your time and effort.

I have never been able to understand where patients get the idea that a dentist should be expected to guarantee that they will wear his dentures; and that, if for any reason they cannot or will not, the dentist should stand the entire loss. The same person will expect to pay a physician or lawyer for his services, whether he is benefited thereby or not.—V. CLYDE SMEDLEY.

Hyperplasia

Q.—I should appreciate further information concerning zinc chloride in treating gingivitis caused by sodium dilantin therapy. You made mention of it in the October, 1948, issue of ORAL HYGIENE.[2]—M. G., Pennsylvania.

A.—Not having used zinc chloride in the treatment of dilantin sodium gingival hyperplasia, I can only say that my correspondent told me that he had had good results. One can safely use a 20 per cent solution and, if the hyperplasia is reduced, subsequent applications can be used.

Ziskin, et al,[3] report favorable results in thorough and repeated prophylactic treatments accompanied by exceptionally good home care on the part of the patient.—GEORGE R. WARNER.

Gingival Recession

Q.—I am writing in regard to a woman who was in my office yesterday for oral examination. After cleaning her teeth I examined them carefully and found them in good condition, with one exception. Her gingivae had receded from two to three mm. from the normal area. I found no irritation from deposits. The occlusion is good. The patient is 40 years of age and in good health.

I should appreciate anything you could suggest to check this condition. This patient is careful about the way she brushes her teeth.—H. R. B., Missouri.

A.—The condition which you describe in your letter is one quite commonly found in the mouths of persons who have teeth with rather long crowns and who brush their teeth vigorously and frequently. The teeth may be a little prominent and the person of a fairly nervous disposition. These people often use a rather stiff bristle brush and usually brush the teeth in many directions; that is, up and down, in a circular movement, and occasionally crosswise. The mouths are usually exceptionally clean and in many cases there are transverse areas of abrasion at and beyond

[2]Ask Oral Hygiene, Dilantin Sodium Therapy; ORAL HYGIENE, **38**:1589 (October) 1948.

[3]Ziskin, D. E.; Stone, L. R.; and Zegarelli, E. V.: Dilantin Hyperplastic Gingivitis. American Journal of Orthodontics and Oral Surgery, **27**:350-363 (July) 1941.

insertion. Used during the first weeks, this fine white powder provides a soft resilient cushion between yielding, sensitive tissue and hard, inflexible denture.

Because it enhances stability and strengthens retention, even despite awkward manipulation, it stimulates patient confidence in his ability to master the new denture.

Use the coupon for a free office supply.

WERNET DENTAL MFG. CO., INC.
Jersey City 2, N. J.

WERNET'S POWDER

. . . so white . . . so pure . . .

speeds the mastery of the denture

WERNET DENTAL MFG. CO., INC.
Jersey City 2, N. J. **Dept. 2-Q**

Please send me an office supply of Wernet's Powder, without charge.

Dr._____

Address_____

City_____ State_____

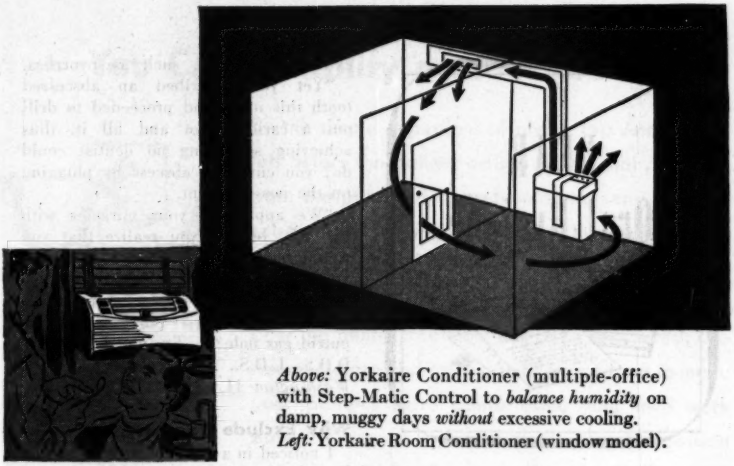
the amelo-cemental junction. Sometimes the condition is produced in part by the use of abrasive dentifrices. In fact, we have noted an improvement in the condition in some mouths when dentifrices were abandoned, and also an improvement when the Charters brushing technique was adopted. Some men, Doctor T. Sidney Smith of San Francisco, for instance, strongly advise the use of a fairly large soft bristle brush. Doctor Smith holds that the use of such a brush keeps the soft tissues in better health and that little or no recession of the gingivae results.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 67

(*See page* 519 *for questions*)

1. (b) mildly. (Accepted Dental Remedies, ed. 14, Chicago, American Dental Association, 1948, page 42)
2. Yes. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 77)
3. (c) cold. (Holland, D. J.: Preoperative and Postoperative Care in Oral Surgery, J. Oral Surg. **5**:30 [October] 1947)
4. True. (Harris, S. C.: Use of Chemotherapeutic Agents in Oral Surgery, Fort. Rev. Chicago D. Soc. **15**:10 [May 1] 1948)
5. (a) contours of the anchor teeth or the angles toward which they lean, and (c) physical properties of the clasp metals. (Schmidt, A. H.: Partial Dentures: Planning and Designing, J. A. D. A. **35**:567 [October 15] 1947)
6. They are subject to dimensional changes. (Wright, W. H.: Impressions of Alginate Base Materials, N.Y.J. Den. **18**:208 [June-July] 1948)
7. True. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 97)
8. (a) expansion, and (c) weakness. (Cannon, C. C.: Amalgam Manipulation, Fort. Rev. Chicago D. Soc. **15**:11 [June 15] 1948)
9. Yes. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 888)
10. (c) oxyphosphate. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 295)



Above: Yorkaire Conditioner (multiple-office) with Step-Matic Control to *balance humidity* on damp, muggy days *without* excessive cooling. *Left:* Yorkaire Room Conditioner (window model).

Get Air Conditioning at its best!

THAT'S no problem. Simply be sure you get York—for the finest in year-round air conditioning comfort.

Your best bets: Yorkaire Room Conditioners, window-sill or console models, for individual offices. Yorkaire Step-Matic Conditioners—console—for multiple-office installations.

Take your pick. You *can't* go wrong. All have *completely* Hermetically Sealed Refrigerating Systems. They're as tamper-proof and trouble-free as home refrigerators! And just about as easy to operate and install!

Check your phone book for your York Dealer. Get the facts today. You'll be surprised at how much comfort is provided for such low cost! York Corporation, York, Pa.

York refrigeration air conditioning

YORK

Refrigeration and Air Conditioning

HEADQUARTERS FOR MECHANICAL COOLING SINCE 1885

Dentist Condemns Lone Ranger

Last evening the Lone Ranger rode again, fearless and untrammelled; but, on this occasion, he overshot his gulches and prairies into the field of dentistry, in which realm he got all snarled up and hornswoggled.

There are too many of these crude absurdities and stupid cartoons posing as interpretations of things dental that are passed off under the guise of humor and which should be corralled. Accordingly, I sought to throw a lariat in the form of the following letter to the Lone Ranger:

"It would be interesting to learn where you obtained the profound knowledge of dentistry which you spilled to the school children of the Nation this night with a strange assurance that no dentist could master.

"Would you not blush to know that almost any grade school child could inform you that a molar with a carious spot is not an infected jaw? In other words, by no stretch of the imagination can it be classed as an abscessed condition. It would be necessary that the pulp die before such a thing could occur, unless it resulted from some external condition, such as pyorrhea.

"Yet you described an abscessed tooth this night and proceeded to drill out a carious spot and fill it, thus achieving something no dentist could do; you cured an abscess by plugging up the possible vent.

"We appreciate your miracles with the gun, but do you realize that you would have a better chance of curing an 'abscessed jaw' by shooting the abscess from the root of the tooth than by drilling it out and plugging up the putrid gas hole?"—THOMAS E. BUTLER, D.D.S., L.D.S., 1401 *Oglethorpe, N.W., Washington* 11, *D.C.*

Why Exclude Dentists?

I noticed in a report on the American Dental Association meeting in San Francisco, that the House of Delegates reversed themselves on a previous decision, and instructed the Legislative Committee to request national legislation to exclude dentists in the expanded Social Security Bill; scheduled to come up at this Congressional session.

I wonder if this action is in accord with the wishes of the majority of ADA members. I also wonder if the House of Delegates has the right to speak for all members on such a subject. Social Security, as I understand it, has to do with the personal welfare of each dentist and has nothing whatsoever to do with the profession of dentistry as practiced by the members. Presuming the House has acted in good faith, I cannot imagine what factors motivated this action. I have not noticed that other groups such as bankers, actors, professional artists, executives of industry, or any similar group objected to inclusion in this bill. Perhaps the House had some altruistic motive in mind; if so, it was not expressed in their report, as written up in the *Journal* of the ADA.

It seems ironical to me to be forced to contribute directly to the Social Security benefits for our employees, and indirectly to all others, so included by

You CAN simplify painful procedure

By the simple expedient of giving two Anacin tablets *before* the patient arrives at the chair, you can ease the pain and apprehension in many cases of subgingival sealing and painful instrumentation. Anacin acts *quickly* to raise the threshold of pain. Furthermore, it affords *prolonged* relief from pain *after* the dental treatment has been completed. Use Anacin before and after painful procedures to make your patients more comfortable, your own work easier. If you are not already receiving free Anacin samples, write to us on your letterhead. They will be sent *regularly every month.*

ANACIN®

WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N. Y.

way of increased prices; and then not be in a position to participate in the benefits. It has been shown by the insurance committee of the ADA that this form of annuity is by far the cheapest plan. After all, it is an annuity or retirement plan. It has been called socialistic; but that is ridiculous, because it is simply applying the accepted economic theory that a united buying power can get more value for money expended.

Incidentally, I just received my ADA stamps with the appeal to help destitute dentists. Would it not be far better to have these same unfortunates share in a national benefit sum, as set up by Social Security with all of us contributing? The difference is, that recipients of the ADA Welfare Fund are receiving gratuities or handouts, whereas under the National Social Security fund, they would be recovering annuities or retirement payments. There is a big difference.

I, for one, would like either a logical explanation of this action by the House or a reverse directive.—J. J. BURGOON, *D.D.S., Carlisle, Pennsylvania.*

NEW TICONIUM "Preview" MODELS!

Now you can show your patients that Ticonium case before it's made! These attractive models (on which the case is dramatically painted) let the patient SEE! Simple, quick, yet permanent — that's why hundreds of dentists who have seen Ticonium "PREVIEWS" say they are the best convincers they've ever seen.

"PREVIEW" Models are available only at your Ticonium Laboratory!

Another FIRST for dentistry by **TICONIUM**

TICONIUM

413 North Pearl Street, Albany, N. Y.

Laffodontia

A Communist agitator rode into the city park, and, after leaning his bicycle against the railing, mounted a soap box and started to address the crowd.

"If your family is hungry," he shouted, "raid a shop and take food for them, and don't care what anybody says. If your wife hasn't got a coat, pick the best fur coat you can see, and ignore the consequences."

After several more minutes in this strain, he dismounted from his soap box, and his next words were:

"Where's the scoundrel who took my bicycle?"

★

Hal: "Do you make good money as a ventroliquist?"

Sam: "Oh yes, I have a good job in the city."

Hal: "Where are you working?"

Sam: "In a bird store. I sell talking parrots."

★

Johnny (with puffed up chest): "I won the swimming meet, but I suppose I should be good."

Virginia: "Why?"

Johnny: "I come from a long line of swimmers. My uncle was killed in a dive in the west end."

Shoe Clerk: "Do you know what wears out most shoe leather?"

Sheba: "No."

Shoe Clerk: "That's right."

★

Wally: "Gee, pop, there's a man in the circus who jumps on a horse's back, slips underneath, catches hold of its tail, and finishes up on the horse's neck."

Father: "That's easy. I did all that the first time I rode a horse."

★

The telegraph editor of a Denver newspaper complained to a country correspondent who omitted names in his stories. He wrote the man that if he neglected this essential detail in his next story he would be discharged. A few days later the editor got this dispatch:

Como, Colorado, June 8—A very severe storm passed over this section this afternoon and lightning struck a barbed wire fence on the ranch of Henry Wilson, killing three cows—their names being Jessie, Bossie, and Buttercup.

★

Gladys: "And after he kissed you five times, then what?"

Ethel: "Oh, then he began to get sentimental."

★

Drunk (phoning wife): "Thash you, dear? Tell the maid I won't be home tonight."

★

Parting instructions were being given to a new traveling salesman.

Sales Manager: "Well, good luck to you, my boy. Any important news should be wired us without delay."

The following day this telegram arrived, charges collect:

"Arrived safely. Got a lovely room with bath. Feeling fine."

To which the sales manager wired back, also charges collect:

"So glad. Remember to air your nightie. Love and kisses."